

MMWR

MORBIDITY AND MORTALITY WEEKLY REPORT

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Unintended Childbearing:

Pregnancy Risk Assessment Monitoring System — Oklahoma, 1988–1991

Unintended pregnancies may be associated with delays in the initiation of prenatal care and behaviors during pregnancy that increase the risk for adverse birth outcomes (1,2). Based on estimates from the 1988 National Survey of Family Growth, 28% of births were mistimed during the 3–4 years before the survey, and 12% were unwanted (3). In Oklahoma, family-planning services are provided as an element of the state's maternal and child health program efforts, and the state has made a priority of identifying mothers at high risk for unintended pregnancy. This report summarizes an analysis of data from the Oklahoma Pregnancy Risk Assessment Monitoring System (PRAMS) to assess the risk for unintended childbearing in Oklahoma during 1988–1991.

PRAMS is a CDC-developed, population-based surveillance system used in 13 states* and the District of Columbia that supplements information from birth certificates with self-reported behavioral information obtained from mothers 3–6 months after delivery (4). A stratified systematic sample of 100–200 new mothers is selected in each area each month from birth certificates. Sampled mothers are mailed a 14-page questionnaire approximately 5 months after they give birth. A total of 6805 women who gave birth in Oklahoma from April 1988 through March 1991 were sampled; of these, 4837 (71%) responded. Data were weighted to account for survey design and nonresponse. Confidence intervals were calculated by using the standard errors estimated by the Software for Survey Data Analysis (SUDAAN) (5).

Respondents were asked, "Thinking back to just before you were pregnant, how did you feel about becoming pregnant?" A pregnancy was classified as intended if the woman responded "I wanted to be pregnant sooner" or "I wanted to be pregnant then"; it was considered mistimed if the woman reported "I wanted to be pregnant later." Respondents reporting "I didn't want to be pregnant then or at any time in the future" were considered to have had unwanted pregnancies. Mistimed and unwanted

*Alabama, Alaska, California, Florida, Georgia, Indiana, Maine, Michigan, New York, Oklahoma, South Carolina, Washington, and West Virginia.

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pregnancies were classified as unintended pregnancies. Data on maternal age, race, education, number of previous live births, and birth interval were obtained from birth certificates. The PRAMS questionnaire provided data on initiation of prenatal care, marital status at conception, method of payment for delivery, and smoking status 3 months before conception.

Overall, 44.1% (95% confidence interval [CI]=41.7%–46.5%) of respondents reported that their pregnancies were unintended; of these, 30.8% (95% CI=28.0%–33.6%) reported that their pregnancies were mistimed, and 13.3% (95% CI=11.6%–15.0%) reported that their pregnancies were unwanted.

More than two thirds (69.4%) of teenaged respondents (aged <20 years) reported that their pregnancies were unintended, compared with 49.2% of women aged 20–24 years and 35.5% of women aged ≥25 years (Table 1). Because young age is also associated with other risk factors such as having less than a high school education, being unmarried, and smoking, data were stratified by age when examining the relation between other factors and pregnancy status. Among women aged ≥25 years, pregnancy intention varied by maternal education, method of payment for delivery, smoking status, and length of gestation at entry into prenatal care; however, among mothers aged <20 years, the rate of unintended pregnancy was high regardless of these factors. Race and marital status at conception were associated with pregnancy intention at all ages: black women and unmarried women were more likely to report that their pregnancies were unintended.

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Editorial Note: The potential effects of maternal behaviors—both at conception and during pregnancy—on birth outcomes underscores the need to monitor and characterize those behaviors. Because birth certificates contain limited information and the 1988 National Maternal and Infant Health Survey collected behavioral information but did not provide state-specific estimates, PRAMS provides participating states with such data on an ongoing basis.

The overall prevalence of unintended pregnancies among women in Oklahoma, although similar to the national prevalence of 40% (3), may be underestimated for two reasons: first, the PRAMS sample excludes women who obtained abortions and women who are the birth mothers of adopted infants; and second, because of the interval between conception and questionnaire completion, the mother may not recall whether the pregnancy was intended, or she might be reluctant to report that it was unintended. Because the data in this analysis were controlled only for age, the magnitude, direction, and significance of associations may change after adjustments for other factors (e.g., race/ethnicity and socioeconomic status).

Of all unintended births in Oklahoma, 78% occurred among women aged ≥20 years. The associations between reported intention of pregnancy and certain behavioral and demographic factors may help structure interventions for this population. Oklahoma has begun a public- and provider-education initiative to increase awareness that unintended pregnancy is not restricted to teenagers but occurs with greater frequency among women aged ≥20 years.

Although women aged <20 years accounted for only 22% of unintended pregnancies in Oklahoma, the proportion of unintended pregnancies among young women

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(69%) was substantially greater than that among older women. Therefore, teenagers should be offered family-planning services that are not restricted by eligibility based on income.

Limited information is available for examining the distribution and impact of prepregnancy and prenatal behaviors. PRAMS provides a means for state program managers to investigate such associations and to monitor and assess their efforts to-

TABLE 1. Percentage* of unintended childbearing, by age group and by selected characteristics of mother — Oklahoma, Pregnancy Risk Assessment Monitoring System, 1988–1991

Characteristic	<20 (n=539)		20–24 (n=1165)		≥25 (n=2695)	
	%	(SE) [†]	%	(SE)	%	(SE)
Education (yrs)						
<12	65.9	(4.5)	46.0	(6.1)	39.9	(5.1)
12	71.6	(5.7)	46.8	(3.2)	43.4	(2.5)
>12	§	§	51.4	(4.5)	29.3	(2.0)
Payment at delivery						
Private/Group insurance	72.1	(7.4)	34.4	(3.3)	28.2	(1.7)
Medicaid	63.8	(5.0)	85.6	(4.0)	59.8	(3.8)
Indian Health Service	72.4	(10.3)	57.7	(7.5)	46.2	(6.2)
Other [‡]	77.0	(7.7)	45.0	(6.8)	32.8	(4.6)
Smoking 3 months before pregnancy						
Yes	65.8	(5.5)	54.0	(4.0)	45.0	(3.1)
No	72.2	(4.4)	45.0	(3.0)	31.7	(1.7)
Gestation at entry into prenatal care						
First trimester	67.6	(4.1)	43.8	(2.6)	31.9	(1.5)
Late/No prenatal care	72.7	(5.9)	73.4	(4.8)	59.2	(4.3)
Previous no. live births						
None	71.6	(3.8)	48.5	(3.4)	28.6	(2.8)
1	58.5	(8.3)	43.3	(4.0)	29.3	(2.4)
2	§	§	55.8	(7.0)	45.8	(3.4)
≥3	§	§	81.0	(8.7)	64.2	(4.6)
Birth interval (yrs)						
<2	60.8	(11.7)	66.7	(7.5)	72.5	(6.0)
2–4	§	§	42.3	(5.5)	37.6	(3.4)
≥5	§	§	23.0	(8.9)	39.0	(4.4)
Race						
White	64.5	(4.1)	44.5	(2.6)	33.0	(1.6)
Black	89.5	(5.8)	72.7	(7.5)	59.9	(6.5)
American Indian	71.5	(10.1)	57.1	(6.9)	43.2	(6.3)
Marital status at conception						
Married	50.0	(6.8)	38.7	(2.7)	30.4	(1.5)
Unmarried	75.4	(3.8)	67.9	(4.0)	57.4	(3.9)
Total	69.4	(3.4)	49.2	(2.4)	35.5	(1.5)

*Percentages weighted to account for sampling design and nonresponse.

†Standard error.

§Sample size <30.

[‡]Includes cash, free care, and other methods.

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ward achieving the year 2000 national health objective of reducing unintended pregnancies to no more than 30% of all pregnancies (objective 5.2) (6).

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**Abortion Surveillance:
Preliminary Data — United States, 1990**

For 1990, CDC received data on legal induced abortions from 52 reporting areas: 50 states, New York City, and the District of Columbia. This report presents preliminary data for 1990.

In 1990, 1,429,577 legal abortions were reported to CDC (Table 1), an increase of 2.4% over the number reported for 1989 (1). However, because the number of live births increased by 3.4%, the national abortion ratio declined from 346 legal abortions per 1000 live births in 1989 to 344 per 1000 in 1990. The national abortion rate (the number of legal abortions per 1000 women aged 15-44 years) remained stable at 24. As in previous years, approximately 92% of women who had a legal abortion were residents of the state in which the procedure was performed.

Women who obtained legal abortions in 1990 were predominately aged <25 years, white, and unmarried. In 1990, a slightly lower proportion of women who had abortions had had live-born children than was reported for women obtaining abortions in 1989 (49.2% versus 52.2%). Curettage (suction and sharp) remained the primary abortion procedure (approximately 99% of all such procedures). As in previous years, more than half of legal abortions were performed during the first 8 weeks of gestation, and approximately 88% during the first 12 weeks.

Reported by: Statistics and Computer Resources Br, Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: For 1990, the number of abortions was available for all reporting areas. Approximately 28% of the abortions, however, were reported from states that do not have centralized reporting; these areas could provide no information on the characteristics of women obtaining abortions. The states that report such information vary from year to year; therefore, direct comparisons of annual data should be made with caution.

Abortion Surveillance — Continued

TABLE 1. Reported number of legal abortions, abortion ratios, abortion rates, and characteristics of women who obtained legal abortions — United States, selected years, 1972–1990

Characteristic	Year						
	1972	1976	1980	1985	1988	1989	1990*
Reported no. of legal abortions	586,760	988,267	1,297,806	1,328,570	1,317,285	1,396,658	1,429,577
Abortion ratio†	180	312	359	354	352	346	344
Abortion rate§	13	21	25	24	24	24	24
Percentage distribution¶							
Residence							
In-state	56.2	90.0	92.6	92.4	91.4	91.0	91.7
Out-of-state	43.8	10.0	7.4	7.6	8.6	9.0	8.3
Age (yrs)							
≤19	32.6	32.1	29.2	26.3	25.3	24.2	22.3
20–24	32.5	33.3	35.5	34.7	32.8	32.6	33.2
≥25	34.9	34.6	35.3	39.0	41.9	43.2	44.5
Race							
White	77.0	66.6	69.9	66.6	64.4	64.2	64.5
All other races	23.0	33.4	30.1	33.4	35.6	35.8	35.5
Marital status							
Married	29.7	24.6	23.1	19.3	20.3	20.1	21.0
Unmarried	70.3	75.4	76.9	80.7	79.7	79.9	79.0
No. live births**							
0	49.4	47.7	58.4	56.3	52.4	52.2	49.2
1	18.2	20.7	19.4	21.6	23.4	23.6	24.4
2	13.3	15.4	13.7	14.5	16.0	15.9	16.9
3	8.7	8.3	5.3	5.1	5.6	5.7	6.1
4	10.4	7.9	3.2	2.5	2.6	2.6	3.4
Type of procedure							
Curettage	88.6	92.8	95.5	97.5	98.6	98.8	98.8
Suction	65.2	82.6	89.8	94.6	95.1	97.1	96.0
Sharp	23.4	10.2	5.7	2.9	3.5	1.7	2.8
Intrauterine instillation	10.4	6.0	3.1	1.7	1.1	0.9	0.8
Other	1.0	1.2	1.4	0.8	0.3	0.3	0.4
Weeks of gestation							
≤8	34.0	47.0	51.7	50.3	48.7	49.8	51.2
9–10	30.7	28.1	26.2	26.6	26.4	25.8	25.4
11–12	17.5	14.4	12.2	12.5	12.7	12.6	11.8
13–15	8.4	4.5	5.1	5.9	6.6	6.6	6.5
16–20	8.2	5.1	3.9	3.9	4.5	4.2	4.1
≥21	1.2	0.9	0.9	0.8	1.1	1.0	1.0

*Preliminary data.

†Per 1000 live births.

‡Per 1000 women aged 15–44 years.

§Excludes unknown values.

**For 1972 and 1976, data indicate number of living children.

*Abortion Surveillance — Continued***FIGURE 1. Fertility rate* and abortion ratio† and rate,‡ by year — United States, 1972–1990**

*Live births per 1000 women aged 15–44 years.

†Number of abortions per 1000 live births.

‡Abortions per 1000 women aged 15–44 years.

The patterns characterizing the use of abortion in the United States have remained relatively stable since 1980. Although the number of abortions performed in 1990 was approximately 10% greater than in 1980, the number of live births increased by approximately 16% during the same period (2). In 1990, the national ratio of abortions to live births was lower than for any year since 1977, suggesting that a larger proportion of pregnancies ended in live births (3). The national abortion rate has fluctuated little since 1980, while the national fertility rate (live births per 1000 women of reproductive age) in 1990 was the highest since 1972 (4) (Figure 1).

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Update: Influenza Activity — United States and Worldwide, 1992–93 Season

Influenza activity in the United States is monitored by CDC through surveillance systems maintained cooperatively with state and local health departments (1); in addition, CDC receives reports of worldwide influenza activity from international World Health Organization (WHO) collaborating laboratories and from WHO, Geneva. This report summarizes surveillance for influenza in the United States and worldwide during the 1992–93 season through December 5, 1992.

United States

From October through November 28, 1992, state and territorial epidemiologists reported sporadic levels of influenza-like illness (ILI) or no activity; regional activity was first reported the week ending December 5 from Washington state. In addition, from October through December 5, family practitioners participating in the CDC sentinel physician surveillance system reported baseline levels of 1%–3% of patient visits attributed to ILI.

From October through December 5, Arizona, California, Louisiana, New Mexico, New York, Oregon, Texas, and Wisconsin reported sporadic isolates of influenza B; California, Hawaii, and Illinois reported sporadic influenza A viruses. Washington state reported the first culture-confirmed outbreak of influenza B, which was associated with an outbreak of ILI in a high school; the outbreak began the week ending December 5, when 12% of the students were absent. Type A influenza viruses have not yet been antigenically characterized, but antiserum to B/Panama/45/90 virus, the 1992–93 vaccine component, reacted well with tested influenza B viruses.

Worldwide

Asia. In October and November, influenza B was isolated during school outbreaks in Japan. Indonesia and Thailand reported influenza A(H3N2) isolates.

Central and South America. During October, influenza A(H3N2) was isolated from sporadic cases in Trinidad. Chile continued to report serologic evidence of influenza A infection during October.

Europe. During October and November, influenza B was isolated from sporadic cases in France, Czechoslovakia, the Netherlands, and Portugal. One influenza B isolate was obtained from a school outbreak in Sweden in December. Influenza A(H3N2) was isolated from sporadic cases in two patients in northern Sweden and from one patient in the Netherlands; antigen was detected in two patients in southern France. Influenza A(H1N1) was isolated from one patient in the Netherlands in October. Germany and Finland reported serologic evidence of both influenza A and influenza B infections.

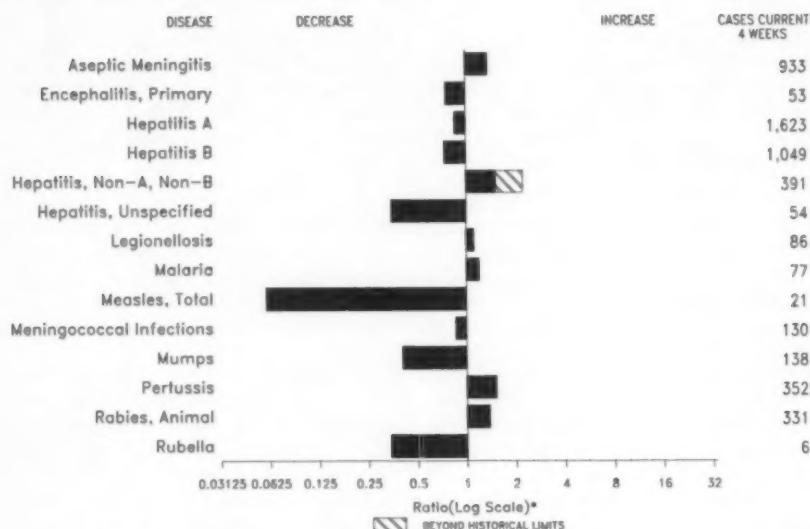
Oceania. During October, Papua New Guinea reported serologic detection of influenza A by immunofluorescence in specimens from three patients.

Reported by: World Health Organization National Influenza Centers. Communicable Diseases Div, WHO, Geneva. WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza, Influenza Br, and Epidemiology Activity, Office of the Director, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

Editorial Note: The Advisory Committee on Immunization Practices has recommended that, even after influenza activity has been documented in a community,

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FIGURE I. Notifiable disease reports, comparison of 4-week totals ending December 12, 1992, with historical data — United States



*Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary — cases of specified notifiable diseases, United States, cumulative, week ending December 12, 1992 (50th Week)

	Cum. 1992		Cum. 1992
AIDS*	42,978	Meesies: imported	128
Anthrax	1	indigenous	2,064
Botulism: Foodborne	18	Plague	12
Infant	57	Poliomyelitis, Paralytic†	-
Other	3	Poxtecosis	86
Brucellosis	94	Rabies, human	-
Cholera	97	Syphilis, primary & secondary	32,045
Congenital rubella syndrome	9	Syphilis, congenital, age < 1 year‡	1,639
Diphtheria	4	Tetanus	39
Encephalitis, post-infectious	106	Toxic shock syndrome	216
Gonorrhoea	461,320	Trichinosis	39
Haemophilus influenzae (invasive disease)	1,208	Tuberculosis	22,165
Hansen Disease	139	Tularaemia	151
Leptospirosis	46	Typhoid fever	372
Lyme Disease	7,606	Typhus fever, tickborne (RMSF)	484

21 Updated monthly; last update December 5, 1992.

[†]Four cases of suspected poliomyelitis have been reported in 1992; 6 of the 9 suspected cases with onset in 1991 were confirmed and 5 of the 8 suspected cases with onset in 1990 were confirmed; all were vaccine associated.

¹Reports through second quarter 1992.

TABLE II. Cases of selected notifiable diseases, United States, weeks ending December 12, 1992, and December 14, 1991 (50th Week)

Reporting Area	AIDS*	Aseptic Meningitis		Encephalitis		Genorrhea		Hepatitis (Viral), by type				Legionellosis	Lyme Disease		
		Cum. 1992	Cum. 1992	Primary	Post-infectious	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992				
UNITED STATES	42,978	11,015	654	106	461,320	579,155	20,089	14,168	5,480	687	1,212	7,666			
NEW ENGLAND	1,607	433	27	-	9,822	13,739	572	491	98	25	50	1,582			
Maine	44	42	3	-	80	154	30	26	6	-	2	5			
N.H.	45	43	3	-	119	183	31	34	20	2	8	39			
Vt.	26	26	5	-	26	51	14	13	15	-	2	8			
Mass.	796	163	13	-	3,484	5,857	285	388	51	23	26	225			
R.I.	93	159	3	-	613	1,156	144	17	6	-	12	274			
Conn.	603	-	-	-	5,500	6,338	68	13	-	-	-	1,031			
MID. ATLANTIC	11,036	891	25	8	51,757	67,886	1,512	1,826	309	23	310	4,570			
Upstate N.Y.	1,467	446	-	-	10,501	12,282	325	450	179	13	101	2,829			
N.Y. City	6,393	160	6	2	17,594	26,527	682	362	5	-	8	24			
N.J.	1,976	-	-	-	7,264	10,874	259	475	94	-	41	678			
Pa.	1,200	265	19	6	16,396	18,203	246	539	31	10	160	1,039			
E.N. CENTRAL	3,853	1,945	163	29	88,312	111,241	2,632	1,655	731	24	320	136			
Ohio	686	477	53	2	26,589	33,610	431	224	93	4	149	61			
Ind.	380	221	13	12	8,642	10,859	717	202	25	2	33	21			
Ill.	1,666	525	69	6	29,738	34,070	603	300	95	7	30	27			
Mich.	683	572	25	9	19,611	25,699	146	552	443	11	69	27			
Wis.	238	50	3	-	3,734	7,003	735	377	75	-	39	-			
W.N. CENTRAL	1,196	610	40	6	25,097	28,605	2,757	648	277	35	75	341			
Minn.	213	99	17	-	2,841	3,063	730	78	20	3	6	174			
Iowa	78	102	-	3	1,462	1,865	53	33	7	5	18	31			
Mo.	654	251	8	-	15,941	17,094	1,271	431	213	25	27	101			
N. Dak.	5	1	3	-	59	88	112	3	4	1	2	1			
S. Dak.	8	10	3	1	161	342	210	5	-	-	-	1			
Nebr.	55	35	4	2	8	1,757	252	41	18	1	17	15			
Kans.	183	112	5	-	4,625	4,396	129	57	15	-	5	18			
S. ATLANTIC	9,729	1,701	167	51	134,922	170,401	1,296	2,418	897	119	194	639			
Del.	122	52	7	-	1,696	2,779	58	201	184	1	23	211			
Md.	1,207	210	16	-	15,883	19,270	237	371	34	10	36	174			
D.C.	685	28	1	-	6,411	8,751	14	83	278	-	20	3			
Va.	623	281	38	13	14,179	17,547	145	178	37	47	19	113			
W. Va.	49	40	76	-	801	1,248	9	52	3	26	-	12			
N.C.	634	198	26	-	23,917	32,481	105	397	82	-	39	70			
S.C.	260	26	-	-	10,209	13,957	22	53	1	1	16	2			
Ge.	1,207	204	2	-	36,310	40,363	196	287	126	-	16	22			
Fla.	4,942	662	3	38	25,716	34,025	512	796	152	34	25	32			
E.S. CENTRAL	1,309	541	34	-	47,145	57,830	339	1,290	1,288	2	60	67			
Ky.	202	194	21	-	4,571	5,756	126	92	6	-	26	26			
Tenn.	419	138	7	-	15,048	19,827	122	1,063	1,264	-	28	32			
Ala.	454	133	5	-	16,248	18,939	51	131	17	1	6	9			
Miss.	234	76	1	-	11,278	13,508	40	4	1	1	-	-			
W.S. CENTRAL	4,053	1,171	65	5	51,207	65,269	1,992	1,792	189	164	24	111			
Ark.	269	20	7	-	7,202	7,876	132	96	8	4	1	17			
La.	672	74	9	1	13,904	14,933	201	169	88	3	6	5			
Okla.	219	-	3	2	5,381	6,563	196	183	44	5	10	25			
Tex.	2,893	1,077	46	2	24,720	36,097	1,463	1,344	29	152	7	64			
MOUNTAIN	1,226	384	30	5	11,557	12,226	2,928	733	269	83	97	16			
Mont.	20	12	1	1	106	97	85	33	28	1	9	-			
Idaho	34	22	-	-	111	158	94	79	-	3	4	2			
Wyo.	5	6	2	-	54	92	12	17	55	-	1	5			
Col.	382	123	11	1	4,073	3,623	799	109	92	27	19	-			
N. Mex.	110	53	4	1	909	964	285	204	30	8	3	2			
Ariz.	348	100	6	1	4,032	4,483	1,069	164	28	15	32	-			
Utah	118	19	3	1	350	322	483	25	29	8	6	6			
Nev.	219	49	3	-	1,922	2,487	101	102	7	1	23	1			
PACIFIC	8,959	3,439	103	4	41,501	51,958	6,061	3,315	1,442	232	82	204			
Wash.	506	-	2	-	3,727	4,575	741	341	151	8	13	13			
Oreg.	274	-	-	-	1,604	1,968	472	270	78	9	1	-			
Calif.	8,023	3,324	94	3	35,042	43,884	4,578	2,668	1,000	204	65	189			
Alaska	14	17	7	-	637	838	109	18	6	2	-	-			
Hawaii	142	98	-	1	469	693	161	18	207	9	3	2			
Guam	-	6	-	-	51	27	5	2	-	6	-	1			
P.R.	1,546	162	2	-	225	509	41	392	163	17	1	-			
V.I.	10	-	-	-	107	342	5	7	-	-	-	-			
Amer. Samos	-	-	-	-	50	61	1	1	-	-	-	-			
C.N.M.I.	-	-	-	-	74	100	3	-	-	-	-	-			

N: Not notifiable

U: Unavailable

C.N.M.I.: Commonwealth of Northern Mariana Islands

*Updated monthly; last update December 5, 1992.

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 12, 1992, and December 14, 1991 (50th Week)

Reporting Area	Malaria	Measles (Rubella)						Menin- gococcal Infections	Mumps			Pertussis			Rubella		
		Indigenous			Imported*		Total		1992			1992			1991		
		Cum. 1992	1992	Cum. 1992	1992	Cum. 1992	Cum. 1991		Cum. 1992	1992	Cum. 1992	Cum. 1992	Cum. 1991	1992	Cum. 1992	Cum. 1991	1992
UNITED STATES	956	2	2,064	-	128	8,342	2,025	30	2,352	68	3,001	2,552	1	148	1367		
NEW ENGLAND	46	-	54	-	13	87	114	-	20	23	284	277	-	6	4		
Maine	1	-	-	-	4	7	10	-	-	-	11	54	-	1	-		
N.H.	3	-	16	-	-	-	6	-	6	17	107	22	-	-	1		
Vt.	1	-	-	-	-	5	9	-	1	2	13	5	-	-	-	2	
Mass.	24	-	16	-	5	40	49	-	3	-	103	170	-	-	-	2	
R.I.	5	-	20	-	-	4	2	-	2	-	6	-	-	-	4	-	
Conn.	12	-	2	-	4	31	38	-	8	4	44	26	-	1	1	1	
MID. ATLANTIC	271	-	206	-	21	4,800	243	6	172	4	282	283	-	9	580		
Upstate N.Y.	43	-	103	-	10	401	102	4	74	3	114	156	-	3	539		
N.Y. City	151	-	42	-	8	1,900	25	-	10	-	20	39	-	-	6		
N.J.	46	-	56	-	2	1,035	44	-	15	-	45	19	-	3	2		
Pa.	29	-	5	-	1	1,464	72	2	73	1	103	69	-	3	33		
E.N. CENTRAL	80	-	40	-	14	97	326	2	317	6	523	409	1	11	321		
Ohio	12	-	-	-	6	11	80	1	118	5	120	101	-	-	283		
Ind.	12	-	20	-	-	6	55	-	11	1	53	75	-	-	3		
Ill.	18	-	9	-	4	26	88	1	98	-	44	74	-	9	9		
Mich.	14	-	11	-	2	43	84	-	77	-	15	37	1	2	25		
Wis.	4	-	-	-	2	9	19	-	15	-	291	122	-	-	1		
W.N. CENTRAL	43	-	8	-	6	59	95	1	81	2	303	220	-	8	19		
Minn.	17	-	7	-	5	27	20	-	24	-	107	87	-	-	6		
Iowa	4	-	-	-	3	17	13	-	13	1	11	24	-	3	6		
Mo.	12	-	-	-	-	1	33	-	34	-	109	80	-	1	5		
N. Dak.	1	-	-	-	-	-	1	-	2	-	14	4	-	-	1		
S. Dak.	2	-	-	-	-	-	1	-	-	-	14	5	-	-	-		
Nebr.	1	-	-	-	-	1	10	1	6	1	16	9	-	-	-		
Kans.	6	-	1	-	13	17	-	-	2	-	32	11	-	4	1		
S. ATLANTIC	203	1	123	-	15	618	367	6	810	11	189	241	-	22	10		
Del.	5	-	1	-	-	21	2	-	9	-	7	-	-	6	1		
Md.	60	-	10	-	7	176	36	2	80	-	36	54	-	-	1		
D.C.	13	-	1	-	1	-	3	-	7	-	1	1	-	1	1		
Va.	46	-	11	-	5	30	57	1	58	1	16	24	-	-	-		
W. Va.	2	-	-	-	-	-	17	2	31	-	9	9	-	1	-		
N.C.	13	-	23	-	1	44	78	-	217	-	44	39	-	-	2		
S.C.	1	-	29	-	-	13	22	-	51	-	10	15	-	7	-		
Ge.	14	-	2	-	1	15	57	-	75	-	17	49	-	-	-		
Fla.	49	1	46	-	-	318	95	1	283	10	49	50	-	7	6		
E.S. CENTRAL	19	-	449	-	18	29	134	-	60	1	31	93	-	1	100		
Ky.	1	-	448	-	2	23	43	-	-	-	1	-	-	-	-		
Tenn.	11	-	-	-	-	4	39	-	15	1	9	38	-	1	100		
Ala.	6	-	-	-	-	2	40	-	14	-	18	49	-	-	-		
Miss.	1	-	1	-	16	-	12	-	31	-	3	6	-	-	-		
W.S. CENTRAL	31	-	1,059	-	5	218	162	11	409	-	169	164	-	-	9		
Ark.	3	-	-	-	-	5	19	-	9	-	19	15	-	-	1		
La.	1	-	-	-	-	-	29	-	24	-	13	17	-	-	1		
Okla.	5	-	12	-	-	-	19	-	21	-	49	49	-	-	1		
Tex.	22	-	1,047	-	5	213	95	11	355	-	88	83	-	-	6		
MOUNTAIN	34	-	25	-	7	1,263	95	4	152	12	409	330	-	9	38		
Mont.	-	-	-	-	-	-	15	-	2	-	9	6	-	-	11		
Idaho	1	-	-	-	-	452	10	-	4	1	40	28	-	1	-		
Wyo.	-	-	1	-	-	3	3	-	1	-	-	3	-	-	-		
Colo.	10	-	21	-	6	13	22	3	30	7	90	134	-	2	3		
N. Mex.	5	-	1	-	1	98	10	N	1	103	47	-	-	4			
Ariz.	10	-	2	-	-	454	19	-	78	3	124	69	-	2	2		
Utah	5	-	-	-	-	224	4	-	24	-	41	41	-	2	11		
Nev.	3	-	-	-	-	19	12	1	13	-	2	2	-	2	7		
PACIFIC	249	1	100	-	27	2,171	489	-	331	9	811	535	-	82	286		
Wash.	16	-	-	-	11	81	74	-	15	4	220	137	-	8	8		
Oreg.	17	1	3	-	1	91	68	N	-	44	65	-	4	5			
Calif.	202	-	55	-	3	1,982	329	-	207	5	481	251	-	47	261		
Alaska	1	-	8	-	1	5	10	-	3	-	14	13	-	-	1		
Hawaii	13	-	34	-	11	32	8	-	26	-	52	69	-	23	11		
Guam	2	U	10	U	-	-	1	U	12	U	-	-	U	3	-	-	
P.R.	-	5	468	-	-	94	3	-	1	-	11	59	-	-	1		
V.I.	-	-	-	-	-	2	-	-	21	-	-	-	-	-	-		
Amer. Samoa	-	-	-	-	-	24	-	-	-	-	6	-	-	-	-		
C.N.M.I.	-	U	1	U	1	-	-	U	-	U	2	-	U	-	-	-	

*For measles only; imported cases include both out-of-state and international importations.

N: Not notifiable

U: Unavailable

¹ International

⁸ Out-of-state

TABLE II. (Cont'd.) Cases of selected notifiable diseases, United States, weeks ending December 12, 1992, and December 14, 1991 (50th Week)

Reporting Area	Syphilis (Primary & Secondary)		Toxic- Shock Syndrome		Tuberculosis		Tu- ber- culosis	Typhoid Fever	Typhus Fever (Tick-borne) (RMSF)	Rabies, Animal
	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1991	Cum. 1992	Cum. 1992	Cum. 1992	Cum. 1992
UNITED STATES	32,045	39,915	216	22,165	22,417	151	372	484	7,579	
NEW ENGLAND	671	993	15	512	621	1	29	8	875	
Maine	5	3	2	19	33	-	-	-	-	
N.H.	74	12	6	17	5	-	1	1	9	
Vt.	1	2	-	6	10	-	-	-	22	
Mass.	319	478	5	286	344	1	19	3	50	
R.I.	38	50	2	46	75	-	-	2	-	
Conn.	234	448	-	138	154	-	9	2	794	
MID. ATLANTIC	4,422	6,719	25	5,141	5,291	1	98	48	2,365	
Upstate N.Y.	324	625	10	577	420	-	17	16	1,326	
N.Y. City	2,349	3,435	-	3,067	3,351	-	42	6	18	
N.J.	529	1,148	-	877	857	1	25	14	696	
Pa.	1,220	1,511	15	620	663	-	14	12	323	
E.N. CENTRAL	4,856	4,908	53	2,174	2,212	1	41	29	152	
Ohio	803	636	17	321	357	-	10	17	14	
Ind.	261	185	5	193	236	-	1	4	19	
Illi.	2,246	2,340	10	1,132	1,125	1	25	2	39	
Mich.	892	1,124	21	449	395	-	4	3	15	
Wis.	654	623	-	79	99	-	1	3	65	
W.N. CENTRAL	1,587	868	39	498	487	53	7	34	1,004	
Minn.	89	65	7	135	95	-	2	-	158	
Iowa	53	65	7	41	57	-	1	3	171	
Mo.	1,262	554	9	216	220	37	3	23	32	
N. Dak.	1	1	4	7	10	-	-	-	143	
S. Dak.	-	1	-	22	31	11	-	1	124	
Nebr.	1	17	4	24	20	2	1	2	12	
Kans.	181	165	5	53	54	3	-	5	364	
S. ATLANTIC	8,517	11,644	23	4,137	4,231	5	38	171	1,750	
Del.	193	172	3	50	33	-	1	14	207	
Md.	583	981	2	387	429	1	7	17	524	
D.C.	378	688	-	110	176	-	1	1	17	
Va.	695	861	3	325	310	2	5	23	349	
W. Va.	19	30	1	89	65	-	1	5	50	
N.C.	2,294	1,947	3	560	557	1	-	62	45	
S.C.	1,150	1,482	1	369	412	-	2	8	160	
Ga.	1,663	2,838	5	844	813	1	2	38	355	
Fla.	1,542	2,655	5	1,403	1,436	-	17	3	43	
E.S. CENTRAL	4,047	4,358	3	1,444	1,491	9	5	63	188	
Ky.	172	107	-	375	322	2	1	7	61	
Tenn.	1,169	1,392	3	431	524	7	-	53	41	
Ala.	1,341	1,628	-	392	361	-	1	3	85	
Miss.	1,365	1,231	-	246	284	-	3	-	1	
W.S. CENTRAL	5,934	7,339	5	2,701	2,638	45	17	114	676	
Ark.	827	668	1	214	240	31	1	25	43	
La.	2,479	2,691	-	217	238	2	1	1	8	
Oklahoma	447	204	3	152	165	12	-	87	285	
Tex.	2,181	3,776	1	2,116	1,995	-	15	1	340	
MOUNTAIN	315	543	19	545	593	29	6	11	239	
Mont.	7	6	1	13	10	13	-	3	24	
Idaho	1	4	1	23	13	-	1	1	7	
Wyo.	7	10	1	-	5	1	-	4	82	
Colo.	55	83	6	52	83	5	2	-	26	
N. Mex.	40	30	1	80	63	5	1	1	9	
Ariz.	157	341	4	246	302	-	1	-	68	
Utah	7	9	5	61	54	2	-	1	6	
Nev.	41	60	-	70	63	3	1	1	17	
PACIFIC	1,696	2,543	34	5,013	4,853	7	133	6	330	
Wash.	74	184	3	301	286	2	9	-	-	
Oreg.	48	84	2	125	115	-	2	3	2	
Calif.	1,580	2,263	29	4,276	4,187	2	113	3	314	
Alaska	5	4	-	50	66	3	-	-	14	
Hawaii	9	8	-	261	199	-	9	-	-	
Guam	3	1	-	60	8	-	3	-	-	
P.R.	324	409	-	225	211	-	1	-	44	
V.I.	69	95	-	3	3	-	-	-	-	
Amer. Samoa	-	-	-	-	3	-	1	-	-	
C.N.M.I.	6	9	-	53	22	-	1	-	-	

U: Unavailable

TABLE III. Deaths in 121 U.S. cities,* week ending December 12, 1992 (50th Week)

Reporting Area	All Causes, By Age (Years)					P&I [†] Total	Reporting Area	All Causes, By Age (Years)					P&I [†] Total		
	All Ages	≥65	45-64	25-44	1-24			All Ages	≥65	45-64	25-44	1-24	<1		
NEW ENGLAND	614	424	116	55	10	9	47	S. ATLANTIC	1,461	885	309	175	48	44	70
Boston, Mass.	163	103	31	17	7	5	20	Atlanta, Ga.	214	113	52	34	7	8	8
Bridgewater, Conn.	16	13	1	2	-	-	1	Baltimore, Md.	308	172	75	41	13	7	27
Cambridge, Mass.	32	24	7	1	-	-	4	Charlotte, N.C.	85	50	18	11	1	5	3
Fall River, Mass.	25	20	2	3	-	-	1	Jacksonville, Fla.	100	72	7	6	4	1	6
Hartford, Conn.	57	37	9	9	-	-	2	Miami, Fla.	116	70	22	19	1	4	-
Lowell, Mass.	23	13	8	1	-	-	2	Norfolk, Va.	69	43	14	8	2	5	-
Lynn, Mass.	19	11	6	2	-	-	1	Richmond, Va.	69	49	24	11	2	3	3
New Bedford, Mass.	20	18	2	-	-	-	2	Savannah, Ga.	48	35	10	1	1	2	-
New Haven, Conn.	68	46	14	4	3	1	3	S. Petersburg, Fla.	64	44	9	6	3	2	1
Providence, R.I.	46	26	13	7	-	-	8	Tampa, Fla.	181	123	36	15	4	3	11
Somerville, Mass.	16	12	3	1	-	-	1	Washington, D.C.	150	84	30	19	9	8	4
Springfield, Mass.	50	39	8	3	-	-	2	Wilmington, Del.	37	30	2	4	1	-	-
Waterbury, Conn.	28	20	5	3	-	-	1								
Worcester, Mass.	51	42	7	2	-	-	3								
MID. ATLANTIC	2,580	1,679	477	288	58	60	114	E.S. CENTRAL	837	574	147	59	27	30	55
Albany, N.Y.	54	41	7	2	2	2	8	Birmingham, Ala.	135	83	25	12	4	7	4
Allentown, Pa.	20	15	5	-	-	-	1	Chattanooga, Tenn.	39	26	9	2	1	1	-
Buffalo, N.Y.	100	74	21	3	-	-	3	Knoxville, Tenn.	98	74	17	3	1	3	11
Camden, N.J.	35	19	8	4	3	1	1	Lexington, Ky.	81	51	17	7	3	3	7
Elizabeth, N.J.	29	21	7	1	-	-	4	Memphis, Tenn.	233	163	35	17	13	5	12
Erie, Pa.	42	35	5	1	-	-	1	Mobile, Ala.	41	30	6	3	-	2	3
Jersey City, N.J.	45	31	8	4	1	1	1	Montgomery, Ala.	50	35	7	4	-	4	1
New York City, N.Y.	1,404	873	267	196	34	34	46	Nashville, Tenn.	160	112	27	11	5	5	17
Newark, N.J.	84	41	21	16	3	3	9								
Paterson, N.J.	32	23	4	2	1	1	1								
Philadelphia, Pa.	299	209	53	26	6	3	19								
Pittsburgh, Pa. [§]	57	39	7	1	4	6	5								
Reading, Pa.	19	14	3	2	-	-	2								
Rochester, N.Y.	137	100	23	9	2	3	4								
Schenectady, N.Y.	34	25	9	-	-	-	-								
Scranton, Pa. [§]	42	33	6	3	-	-	2								
Syracuse, N.Y.	80	54	19	6	-	1	3								
Trenton, N.J.	34	20	4	7	1	2	3								
Utica, N.Y.	13	12	-	1	-	-	-								
Yonkers, N.Y.	U	U	U	U	U	U	U								
E.N. CENTRAL	2,265	1,370	413	222	146	73	111								
Akron, Ohio	59	44	11	1	1	2	2								
Canton, Ohio	43	34	8	1	-	-	3								
Chicago, Ill.	514	180	115	114	87	18	12								
Cincinnati, Ohio	123	86	23	6	4	4	12								
Cleveland, Ohio	128	79	32	13	3	1	3								
Columbus, Ohio	164	123	-	14	4	2	10								
Dayton, Ohio	130	82	35	8	2	3	11								
Detroit, Mich.	251	132	57	29	18	15	8								
Evansville, Ind.	53	41	6	3	2	1	2								
Fort Wayne, Ind.	60	48	10	-	1	1	3								
Gary, Ind.	25	18	6	1	-	-	5								
Grand Rapids, Mich.	48	39	1	8	-	-	5								
Indianapolis, Ind.	172	100	37	15	6	14	9								
Madison, Wis.	22	13	2	-	5	2	1								
Milwaukee, Wis.	135	108	20	2	1	4	8								
Peoria, Ill.	43	29	10	2	1	1	1								
Rockford, Ill.	49	38	11	-	-	-	5								
South Bend, Ind.	55	41	7	3	3	1	3								
Toledo, Ohio	110	87	13	-	7	3	13								
Youngstown, Ohio	61	48	9	2	1	1	2								
W.N. CENTRAL	870	615	157	54	25	18	46								
Des Moines, Iowa	81	65	12	1	3	-	8								
Duluth, Minn.	37	27	5	3	1	1	2								
Kansas City, Kan.	27	20	4	2	-	-	2								
Kansas City, Mo.	115	83	24	5	1	2	6								
Lincoln, Nebr.	38	28	7	2	-	1	1								
Minneapolis, Minn.	186	134	33	10	4	5	16								
Omaha, Nebr.	132	83	31	10	4	4	8								
St. Louis, Mo.	156	107	27	13	5	4	-								
St. Paul, Minn.	17	15	1	-	1	-	3								
Wichita, Kans.	81	53	13	8	6	1	2								
								TOTAL	13,311 [‡]	8,583	2,494	1,339	484	355	740

*Mortality data in this table are voluntarily reported from 121 cities in the United States, most of which have populations of 100,000 or more. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

[†]Pneumonia and influenza.

[‡]Because of changes in reporting methods in these 3 Pennsylvania cities, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

[§]Total includes unknown ages.

U: Unavailable.

Influenza Activity — Continued

influenza vaccination be offered to persons aged ≥64 years, persons of any age who have chronic underlying health conditions that require regular physician follow-up (particularly heart or lung disease), and persons aged ≤18 years receiving chronic aspirin therapy (2). Protective levels of antibody may develop approximately 2 weeks following vaccination. Because early viral surveillance has indicated both influenza A and influenza B activity, continued culturing throughout the season for influenza strain surveillance is important. In addition, because amantadine is effective for prevention and treatment of influenza A only, physicians and other health-care providers should monitor local reports of influenza surveillance findings.

Weekly summaries of influenza surveillance data are available by computer to subscribers to the Public Health Network and to the public through the CDC Voice Information System, telephone (404) 332-4555.

References

1. Chapman LE, Tipple MA, Schmeltz LM, et al. Influenza—United States, 1989–90 and 1990–91 seasons. In: CDC surveillance summaries (May 29). MMWR 1992;41(no. SS-3):35–46.
2. ACIP. Prevention and control of influenza: recommendations of the Immunization Practices Advisory Committee (ACIP). MMWR 1992;41(no. RR-9).

Health Objectives for the Nation

**Selected Behaviors That Increase Risk for HIV Infection,
Other Sexually Transmitted Diseases, and Unintended Pregnancy
Among High School Students — United States, 1991**

Since the 1970s, sexual activity has increased among adolescents in the United States (1); at the same time, rates of sexually transmitted diseases (STDs) (1), unintended pregnancy (2), and—beginning in the 1980s—human immunodeficiency virus (HIV) infection (3,4) also have increased among adolescents. This report presents 1991 self-reported data from students in grades 9–12 about behaviors that can result in HIV infection, other STDs, or unintended pregnancy.

Data were collected from two school-based components of CDC's Youth Risk Behavior Surveillance System (5): 1) state and local Youth Risk Behavior Surveys (YRBSs) conducted by departments of education in 23 states* and 10 cities during April–May 1991 and 2) the national YRBS conducted during the same period. The 33 state and local sites drew probability samples from well-defined sampling frames of schools and students in grades 9–12. Seventeen sites had adequate school- and student-response rates to allow computation of weighted results of known precision; 16 sites had overall response rates below 60% or unavailable documentation, which precluded making estimates of known precision. The national survey used a three-stage sample design to obtain a sample of 12,272 students representative of students in grades 9–12 in the 50 states and the District of Columbia.

For the state and local surveys, school-response rates ranged from 48% to 100%; student-response rates ranged from 44% to 96% (6); and state and local sample sizes

*The District of Columbia, Puerto Rico, and the Virgin Islands are categorized as states for funding purposes.

High School Students — Continued

ranged from 369 to 5834 students. The grades and sex of students were distributed evenly for most samples, but the racial/ethnic characteristics of the samples varied. For the national survey, the school-response rate was 75% and the student-response rate was 90%. Risk behaviors addressed in the survey included having sexual intercourse, having sexual intercourse with multiple sex partners, injecting-drug use (IDU)[†], not practicing contraception, and not using condoms.

Of students participating in the state and local surveys, 33%–79% (median: 55%; national prevalence: 54%) reported ever having had sexual intercourse (Table 1); 54%–78% (median: 70%; national prevalence: 69%) reported being currently sexually active (i.e., having had sexual intercourse during the 3 months preceding the survey); and 8%–46% (median: 20%; national prevalence: 19%) reported having had sexual intercourse with four or more partners during their lifetime. In 27 of 28 sites, male students were more likely than female students to report ever having had sexual intercourse and having had four or more sex partners during their lifetime while, in 26 of 28 sites, female students were more likely than male students to report being currently sexually active.

Among the state and local surveys, the percentage of students who reported IDU ranged from 1% to 4% (median: 2%; national prevalence: 2%) (Table 1). In all sites, 5% or less of male and female students reported IDU.

Among students participating in the state and local surveys who reported current sexual activity, 58%–87% (median: 77%; national prevalence: 82%) reported they or their partner used contraception[§] at last sexual intercourse and 28%–53% (median: 48%; national prevalence: 46%) reported they or their partner had used a condom at last sexual intercourse (Table 2). In all sites, male and female students reported similar rates of contraceptive use.

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[†]Students were classified as injecting-drug users only if they 1) reported such behavior that was not prescribed by a physician and 2) answered affirmatively to any of these questions: "During your life, how many times have you used any form of cocaine including powder, crack, or freebase?"; "During your life, how many times have you used any other type of illegal drug such as LSD, PCP, ecstasy, mushrooms, speed, ice, heroin, or pills without a doctor's prescription?"; or "During your life, how many times have you taken steroid pills or shots without a doctor's prescription?"

[§]Contraceptive methods included birth control pills, condoms, withdrawal, or some other reported method.



TABLE 1. Percentage of high school students reporting select infection, and other sexually transmitted diseases, by sex — Surveys, 1991

Site	Ever had sexual intercourse			Currently sexual	
	Female	Male	Total	Female	Male
WEIGHTED DATA					
National survey	51	57	54	75	64
State surveys					
Alabama	NA [†]	NA	NA	NA	NA
Georgia	54	67	60	77	71
Idaho	NA	NA	NA	NA	NA
Nebraska	49	56	52	75	67
New Mexico	50	62	56	70	64
New York [‡]	NA	NA	NA	NA	NA
Puerto Rico [§]	18	50	33	64	49
South Carolina	59	73	66	74	71
South Dakota	47	49	48	71	69
Utah	NA	NA	NA	NA	NA
Local surveys					
Chicago	52	78	64	70	70
Dallas	57	77	67	72	71
Ft. Lauderdale	51	61	56	75	65
Jersey City	52	80	65	76	70
Miami	44	65	55	70	60
Philadelphia	62	76	68	76	73
San Diego	40	56	48	73	56
UNWEIGHTED DATA					
State surveys					
Colorado [†]	54	60	57	71	64
District of Columbia [§]	71	88	79	78	75
Hawaii	NA	NA	NA	NA	NA
Iowa	46	51	48	76	68
Montana	48	55	51	71	60
New Hampshire	55	57	56	79	63
New Jersey [‡]	48	60	54	74	65
Oregon	45	48	47	73	59
Pennsylvania [§]	44	52	48	77	65
Tennessee	55	61	58	78	66
Virgin Islands [§]	33	73	52	60	56
Wisconsin	49	49	49	79	69
Wyoming	48	58	53	72	62
Local surveys					
Boston	52	69	59	71	68
New York City	47	67	56	NA	NA
San Francisco	36	39	38	77	64

* Sexual intercourse during the 3 months preceding the survey, among students who had ever had sex.

[†] Not available; survey did not include these questions.

[‡] Surveys did not include students from the largest city.

[§] Categorized as a state for funding purposes.

**selected behaviors that increase risk for unintended pregnancy, HIV
sex — United States and selected U.S. sites, Youth Risk Behavior**

sexually active*		Sexual intercourse with ≥4 sex partners during lifetime			Ever used injecting drugs		
Male	Total	Female	Male	Total	Female	Male	Total
64	69	14	23	19	1	2	2
NA	NA	NA	NA	NA	1	3	2
71	74	16	34	24	1	3	2
NA	NA	NA	NA	NA	2	4	2
67	71	16	21	18	1	3	2
64	67	13	25	19	3	3	3
NA	NA	NA	NA	NA	1	3	1
49	54	1	16	8	1	2	1
71	72	18	41	29	1	4	3
69	70	16	16	16	2	4	3
NA	NA	NA	NA	NA	1	4	2
70	70	12	49	30	1	3	2
71	71	19	47	32	1	2	1
65	70	15	28	21	1	4	3
70	72	13	45	28	1	4	2
60	64	10	31	20	0	3	2
73	74	19	48	32	2	1	2
56	63	10	21	16	2	3	3
64	67	16	23	20	2	4	3
78	78	30	63	46	1	3	2
NA	NA	NA	NA	NA	2	4	3
68	72	13	16	15	1	2	2
60	65	16	22	19	4	3	3
63	71	13	19	16	2	5	4
55	70	12	27	19	1	2	1
59	65	14	16	15	1	2	2
65	71	11	17	14	1	4	3
66	72	16	25	20	1	4	3
56	57	4	42	21	0	2	1
69	74	15	18	16	2	3	2
62	67	17	25	21	2	4	3
68	69	14	40	25	1	2	2
NA	NA	10	31	20	1	2	2
64	71	10	17	13	NA	NA	NA

who had had sexual intercourse.

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High School Students — Continued

TABLE 2. Percentage of currently sexually active* high school students reporting contraceptive use[†] and condom use during last sexual intercourse, by sex — United States and selected U.S. sites, Youth Risk Behavior Surveys, 1991

Site	Contraceptive use			Condom use		
	Female	Male	Total	Female	Male	Total
WEIGHTED DATA						
National survey	81	83	82	38	54	46
State surveys						
Alabama	NA [§]	NA	NA	NA	NA	NA
Georgia	83	82	83	42	55	49
Idaho	NA	NA	NA	NA	NA	NA
Nebraska	84	82	83	47	59	53
New Mexico	76	76	76	37	53	46
New York [¶]	NA	NA	NA	NA	NA	NA
Puerto Rico**	58	72	67	16	35	28
South Carolina	78	79	78	37	52	45
South Dakota	79	83	81	47	50	48
Utah	NA	NA	NA	NA	NA	NA
Local surveys						
Chicago	70	72	71	43	56	50
Dallas	70	76	73	41	55	49
Ft. Lauderdale	76	77	76	35	52	43
Jersey City	56	60	58	32	43	38
Miami	74	78	76	36	52	45
Philadelphia	76	72	74	42	53	48
San Diego	78	72	75	44	42	43
UNWEIGHTED DATA						
State surveys						
Colorado [¶]	83	80	81	44	61	53
District of Columbia**	73	70	72	40	61	51
Hawaii	NA	NA	NA	NA	NA	NA
Iowa	87	84	85	32	38	34
Montana	76	79	77	39	51	45
New Hampshire	90	83	87	36	52	43
New Jersey [¶]	81	77	79	42	54	48
Oregon	86	84	84	48	58	53
Pennsylvania [¶]	83	80	81	43	61	52
Tennessee	81	80	81	36	51	43
Virgin Islands**	60	71	67	35	56	48
Wisconsin	84	87	85	50	56	53
Wyoming	78	78	78	39	49	44
Local surveys						
Boston	76	80	78	51	66	58
New York City	76	72	74	45	55	50
San Francisco	73	78	75	44	56	49

*Sexual intercourse during the 3 months preceding the survey, among students who had had sexual intercourse.

[†]Including birth control pills, condoms, withdrawal, and some other method.

[§]Not available; survey did not include these questions.

[¶]Surveys did not include students from the largest city.

^{**}Categorized as a state for funding purposes.

High School Students — Continued

of Public Instruction. B Anderson, Wyoming Dept of Education. Div of Epidemiology and Prevention Research; National Institute on Drug Abuse; Substance Abuse and Mental Health Services Administration. Div of Adolescent and School Health, and Div of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion, CDC.

Editorial Note: The findings in this report and in previous studies (7,8) indicate that a substantial proportion of students throughout the United States engage in behaviors that simultaneously place them at risk for HIV infection, other STDs, and unintended pregnancy. The only completely effective means of preventing unintended pregnancy and STDs is to refrain from sexual intercourse. For persons who are sexually active, the risk for unintended pregnancy can be decreased by the correct and consistent use of condoms or other contraceptives. The risk for STDs, including HIV, can be decreased by correctly and consistently using condoms, maintaining a monogamous sexual relationship with an uninfected partner, reducing the number of sex partners, and avoiding IDU.

The findings in this report can be used to plan and evaluate national, state, and local progress toward achieving national health objectives for the year 2000. Objectives 5.4, 18.3, and 19.9 are to reduce the proportion of adolescents who have engaged in sexual intercourse to 15% or less by age 15 years and to 40% or less by age 17 years (9). Only two sites have met the 40% objective for students in grades 9–12. Objective 5.5 is to increase the proportion of adolescents aged ≤17 years who have had sexual intercourse but have abstained from such activity for the previous 3 months to at least 40%; only two sites have met this objective. Objective 5.6 is to increase the proportion of sexually active, unmarried persons aged ≤19 years who use contraception to at least 90%; no site met this objective. Objectives 18.4 and 19.10 are to increase the use of condoms during last sexual intercourse among sexually active, unmarried females and males aged 15–19 years to 60% and 75%, respectively; no site met these objectives.

Nationwide, HIV education is required by 78% of districts for students in grades 6–8 and 47% of districts for students in grades 9–12 (10). Special efforts must be directed toward providing programs for students in grades 9–12 who are at greatest risk for HIV infection. CDC has been providing fiscal and technical assistance to all state education agencies, 16 local education agencies in cities with the highest number of AIDS cases, and 23 national organizations to make available effective HIV education programs for youth. These programs are intended to help adolescents develop skills they will need to remain sexually abstinent and to increase the use of contraceptives, including condoms, among youth who do not refrain from having sexual intercourse.

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High School Students — Continued

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Notices to Readers**Availability of Sulfadiazine — United States**

During December 6-12, 1992, CDC received telephone calls from pharmacies across the United States requesting sulfadiazine/trisulfapyrimidine (triple sulfa). Sulfadiazine and triple sulfa are sulfa drugs commonly used in combination with pyrimethamine for the treatment of central nervous system toxoplasmosis in patients with acquired immunodeficiency syndrome (AIDS) and newborns with congenital infections.

Because of the drug requests, a telephone survey was conducted by CDC and the Food and Drug Administration (FDA) of all pharmaceutical manufacturers approved to make these drugs and several major distributors that in the past were suppliers of the two sulfa drugs. Only one manufacturer was found; it had ceased operation in October 1992. No large inventories of either drug were available from major distributors. FDA is contacting firms to attempt to reestablish a supply of the drug expeditiously.

Until a commercial source of sulfadiazine is fully reestablished, physicians should consider using clindamycin in combination with pyrimethamine for the treatment of acute toxoplasmosis in patients with AIDS. This combination has been reported to be similar in efficacy to pyrimethamine and sulfadiazine in the treatment of acute toxoplasmic encephalitis in such patients (1,2). For secondary (maintenance) prophylaxis there is no consensus on an acceptable alternative; however, a combination approach (e.g., pyrimethamine plus sulfadoxine [Fansidar®*] or pyrimethamine plus dapsone) may be better than single-agent regimens (3).

CDC has obtained a small supply of sulfadiazine/triple sulfa that will be made available to persons with acute disease who cannot tolerate clindamycin and for congenitally infected infants. Clinicians interested in obtaining a three-week supply of triple sulfa or sulfadiazine from CDC for such patients must provide CDC with an abbreviated medical history, a *Toxoplasma* antibody titer, and reason why clindamycin could not be used. Requests should be directed to CDC's Division of Parasitic Diseases, National Center for Infectious Diseases, daytime telephone (404) 639-4928.

Reported by: J Remington, MD, Palo Alto Medical Foundation Research Institute, Palo Alto, California. Office of Generic Drugs, Div of Antiviral Drug Products, Center for Drug Evaluation

*Use of trade names and commercial sources is for identification only and does not imply endorsement by the Public Health Service or the U.S. Department of Health and Human Services.

Notices to Readers — Continued

and Research, Food and Drug Administration. Scientific Resources Program, and Div of Parasitic Diseases, National Center for Infectious Diseases, CDC.

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Guidelines for Adolescent Preventive Services

The American Medical Association (AMA) has prepared a set of recommendations that provides a framework for the organization and content of preventive services for adolescents. The recommendations, *Guidelines for Adolescent Preventive Services* (GAPS) (1), are intended for primary-care physicians and other health-care providers and were developed with funding from CDC's Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion.

GAPS is unique because the recommendations emphasize health guidance and the prevention of behavioral and emotional disorders in addition to traditional biomedical conditions. Health guidance encompasses the provision of health education, health counseling, and anticipatory guidance (i.e., providing health messages to children, adolescents, and parents about developmental changes and what to anticipate when they occur). Single copies of the recommendations can be obtained at no cost from the AMA, Department of Adolescent Health, 515 North State Street, Chicago, IL 60610; telephone (312) 464-5570.

Reference

1. Department of Adolescent Health, American Medical Association. Guidelines for adolescent preventive services. Chicago: American Medical Association, 1992.

Combined Issues of MMWR

A January 1, 1993, issue of *MMWR* will not be published. Following that, the next issue will be Volume 41, Numbers 52 and 53, dated January 8, 1993, and will include the figure and tables on notifiable diseases and deaths for the weeks ending December 26, 1992, and January 2, 1993.



The Morbidity and Mortality Weekly Report (MMWR) Series is prepared by the Centers for Disease Control and Prevention (CDC) and is available on a paid subscription basis from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402; telephone (202) 783-3238.

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